

September 9, 2025

BCC Agenda Date/Item: _____

Board of County Commissioners
Clackamas County

Approval of a Grant Application to the Oregon Department of Energy for rooftop solar at the Recovery Campus. Grant Value is approximately \$300,000 for one-time costs. Funding is through the Oregon Department of Energy. No County General Funds are involved.

Previous Board Action/Review	No prior action/review		
Performance Clackamas	Ensure safe, healthy and secure communities.		
Counsel Review	No	Procurement Review	No
Contact Person	Cindy Becker	Contact Phone	503-930-6894

EXECUTIVE SUMMARY: The purpose of this grant program is to support planning and construction of renewable energy or energy resilience projects for Tribes, public bodies, and consumer-owned utilities.

The timing of this grant process aligns well with the design and development of the Recovery Campus. The project team has already identified opportunities to conserve energy and connect with natural surroundings. This grant would offset the costs associated with installation of solar panels.

RECOMMENDATION: Staff recommend approval to apply.

Respectfully Submitted,

Mary Rumbaugh
Mary Rumbaugh (Sept. 4, 1864 - 1901)

Mary Rumbaugh, Director
Health, Housing & Human Services

Financial Assistance Application Lifecycle Form

Use this form to track your potential award from conception to submission.

Sections of this form are designed to be completed in collaboration between department program and fiscal staff.

If renewal or direct appropriation, complete sections I, II, IV & V only. Section III is not required.

If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC

****CONCEPTION****

Section I: Funding Opportunity Information - To Be Completed by Requester

Award type: ☐ Direct Appropriation (no application)
☒ Subrecipient Award ☐ Direct Award

Award Renewal? ☐ Yes ☒ No

Lead Fund # and Department:	240, H3S Behavioral Health
Name of Funding Opportunity:	Community Renewable Energy Grant Program

Funding Source: ☐ Federal – Direct ☐ Federal – Pass through ☒ State ☐ Local

Requestor Information: (Name of staff initiating form)	Cindy Becker
Requestor Contact Information:	cbecker@clackamas.us
Department Fiscal Representative:	Allie Alexander
Program Name & Prior Project #: (please specify)	Recovery Campus

Brief Description of Project:

Recovery Campus will provide a range of clinical services and temporary housing to people with substance use disorders. The County is contracting with Fora Health for the development, construction and operation of the Recovery Campus.

Funds from this grant will offset the cost of solar panels

Name of Funding Agency: Oregon Department of Energy

Notification of Funding Opportunity Web Address: <https://www.oregon.gov/energy/Incentives/Pages/CREP.aspx>

OR

Application Packet Attached: ☐ Yes ☒ No

Completed By:

Date:

**** NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE ****

Section II: Funding Opportunity Information - To Be Completed by Department Fiscal Rep

☐ Competitive Application ☐ Non-Competing Application ☐ Other

Assistance Listing Number (ALN), if applicable:		Funding Agency Award Notification Date:	January 5-7, 2026
Announcement Date:	6/2/25	Announcement/Opportunity #:	Opportunity Announcement #25-046
Grant Category/Title	Community Renewable Energy Grant	Funding Amount Requested:	approximately \$300,000 (50% of cost)
Allows Indirect/Rate:	No	Match Requirement:	None
Application Deadline:	9/19/25	Total Project Cost:	\$40,000,000
Award Start Date:	January 2026	Other Deadlines and Description:	
Award End Date			
Completed By:	Cindy Becker	Program Income Requirements:	
Pre-Application Meeting Schedule:			

Additional funding sources available to fund this program? Please describe:

SHS and Opioid funds

How much General Fund will be used to cover costs in this program, including indirect expenses?

Unknown at this time

How much Fund Balance will be used to cover costs in this program, including indirect expenses?

None

In the next section, limit answers to space available.

Section III: Funding Opportunity Information - To Be Completed at Pre-Application Meeting by Dept Program and Fiscal Staff

Fiscal

1. Are there other revenue sources required, available, or will be used to fund the program? Have they already been secured? Please list all funding sources and amounts.

SHS and Opioid - working on other sources

2. For applications with a match requirement, how much is required (in dollars) and what type of funding will be used to meet it (CGF, In-kind, local grant, etc.)?

None

3. Does this grant/financial assistance cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are those sources?

No

4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program?

It will partially offset the costs of planned solar panels on the campus buildings

Organizational Capacity:

1. Does the organization have adequate and qualified staff? If no, can staff be hired within the grant/financial assistance funding opportunity timeframe?

Yes. Fora Health went through a competitive Notice of Funding Opportunity process and was the successful responder. They have assembled a solid team including Walsh Construction and Holst Architects.

2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?

Fora Health is responsible for design, development, and construction.

3. If this is a pilot project, what is the plan for sun setting the project and/or staff if it does not continue (e.g. making staff positions temporary or limited duration, etc.)?

N/A

4. If funded, would this grant/financial assistance create a new program, does the department intend for the program to continue after initial funding is exhausted? If yes, how will the department ensure funding (e.g. request new funding during the budget process, supplanted by a different program, etc.)?

This is a one- time cost.

Collaboration

1. List County departments that will collaborate on this award, if any.

H3S and County Administration

Reporting Requirements

1. What are the program reporting requirements for this grant/funding opportunity?

Once a Performance Agreement is executed, successful applicants will be required to submit project progress reports as specified in the performance agreement

2. How will performance be evaluated? Are we using existing data sources? If yes, what are they and where are they housed? If not, is it feasible to develop a data source within the grant timeframe?

After verified completion of construction, reports will be required annually for the first five years of the project's operation based on the terms of the Performance Agreement.

3. What are the fiscal reporting requirements for this funding?

This is a reimbursable grant. Two advance payments of projected grant monies are available upon specific requirements being met, including a 30% preliminary payment and up to 30% of additional grant monies not to exceed 30% of project costs for an in-progress payment are the only funding available prior to completion of the grant eligible project.

Mission/Purpose:

1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?

Ensure safe, healthy and secure communities

2. Who, if any, are the community partners who might be better suited to perform this work?

Fora Health's team will do this work.

3. What are the objectives of this funding opportunity? How will we meet these objectives?

To support planning and construction of renewable energy or energy resilience projects
This grant will fund solar panels

Other information necessary to understand this award, if any.

Program Approval:

Cindy Becker

9/4/25

Cindy Becker

Name (Typed/Printed)

Date

Signature

**** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR ****

****ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN****

Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)

Name (Typed/Printed)	Date	Signature
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DEPARTMENT DIRECTOR (or designee, if applicable)

Mary Rumbaugh Digitally signed by Mary Rumbaugh
Date: 2025.09.04 15:36:27 -07'00'

Name (Typed/Printed)	Date	Signature
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FINANCE ADMINISTRATION

Elizabeth Comfort Sep 4, 2025 *Elizabeth Comfort*

Name (Typed/Printed)	Date	Signature
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EOC COMMAND APPROVAL **WHEN NEEDED FOR DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY**

Name (Typed/Printed)	Date	Signature
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Section V: Board of County Commissioners/County Administration

*(Required for all grant applications. If your grant is awarded, all grant **awards** must be approved by the Board on their weekly consent agenda regardless of amount per local budget law 294.338.)*

For applications \$150,000 and below:

COUNTY ADMINISTRATOR	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>
Name (Typed/Printed)	Date	Signature

For applications up to and including \$150,000 email form to BCC staff at CA-Financialteam@clackamas.us for Gary Schmidt's approval.

For applications \$150,000.01 and above, email form with Staff Report to the Clerk to the Board at ClerktotheBoard@clackamas.us to be brought to the consent agenda.

BCC Agenda item #: Date:

OR

Policy Session Date:

County Administration Attestation

County Administration: re-route to department at
and
Grants Manager at financegrants@clackamas.us
when fully approved.

Department: keep original with your grant file.